



HAWKINS COUNTY HUMANE SOCIETY - VOLUNTEER APPLICATION



Please return this form in one of two ways:

(423)272-6538

Email to hchs37857@gmail.com Mail to PO Box 217 Rogersville, TN 37857

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Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Date of Birth: _____

Emergency Contact: _____ Emergency Phone: _____

Is this court-ordered community service? Yes No

Have you ever pleaded "nolo contendere" to, been convicted of, or found guilty of a first-degree misdemeanor or a felony Yes No

If yes, please give date, nature of offense and disposition: _____

Note: A criminal record will not necessarily bar an applicant, however, will be considered as it relates to specifics of the role you have shown interest.

Please indicate areas of interest:

Phone Bank Maintenance/Laundry Office Kennel/clean and feed Transport Special Events

Volunteer/Event Managers: Michael Johnagin (Event Coordinator, Volunteer Coordinator)

Office Manager/ Assistant Manager: Sandy Behnke (Manager) // Casey Noe (Assistant Manager)

VOLUNTEER RELEASE, WAIVER AND CONFIDENTIALITY AGREEMENT

My services are provided strictly in a voluntary capacity as a volunteer and without any express or implied promise of salary, compensation or other payment of any kind whatsoever. My services are furnished without any employment-type benefits, including employment insurance programs, worker's compensation accrual in any form, vacations or sick time. I will familiarize myself and comply with Hawkins County Humane Society (HCHS) policies and procedures applicable to volunteers. In particular, I fully understand that HCHS expects high standards of moral and ethical treatment of the animals under its care. I will adhere strictly to these standards in my capacity as a volunteer. I understand that HCHS, without notice or hearing, may terminate my services as a volunteer at any time, with or without reason. I understand that the handling of animals and other volunteer activities may place me in a hazardous situation and could result in injury to me or my personal property.

On behalf of myself and my heirs, personal representatives and assigns, I hereby release, discharge, indemnify and hold harmless Hawkins County Humane Society and its board members, directors, employees and agents from any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my volunteer activities, even if the result of HCHS' (or its employees' and agents') negligence or otherwise. I understand that my participation as a volunteer involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating as a volunteer with knowledge of the danger involved and I agree to accept all risks of participation.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the volunteering take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that HCHS has not arranged and do not carry any insurance of any kind for my benefit or that of Volunteer (if I am under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation.

Understanding that public relations is an important part of a volunteer's activities, I hereby authorize HCHS to use any photographs of me in its possession for public relations purposes. I ask that HCHS use reasonable efforts to give me advance notice of any such use, but such notification is not a condition to release photographs for public relations purposes.

**Signatures Required - Next Page
Please...**

I, the volunteer, do hereby understand and acknowledge that during my tenure as a volunteer with HCHS, I may have access to Confidential Information not generally known to the public concerning the business of HCHS. I, the volunteer, do hereby agree that during my tenure as a volunteer with H.C.H.S and all times thereafter, I will hold HCHS Confidential Information in strict confidence, and will not disclose or use such information outside of the scope of my volunteer service with HCHS, or without HCHS' prior authorization. For purposes of this Agreement, "Confidential Information" includes, but is not limited to, information regarding projects and potential projects, organizational practices, donors and potential donors, methodologies, management philosophy, and information concerning HCHS employees and volunteers. I, the volunteer, further agree and understand that I will immediately return all HCHS Confidential Information at the end of my tenure as a volunteer, or whenever requested by HCHS.

If between the age of 14-15 I will have my parent or guardian volunteer along side of me. (Parent or Guardian application must be submitted at the same time) 16-17 year olds must have their Volunteer Application signed by a parent.

Printed Name

Signature

Date

**PARENT OR LEGAL GUARDIAN OVER THE AGE
OF 21 (OF VOLUNTEERS 17 AND YOUNGER,
MINIMUM AGE 14)**

As a parent or legal guardian of the above-named volunteer, I hereby give consent for my child or ward, as the case may be, to become a volunteer for Hawkins County Humane Society as described in the above Volunteer Agreement and Release and, by the signature below, join in and agree to be bound by the terms and conditions of the above Volunteer Agreement and Release.

Parent/Guardian's Printed Name

Signature

Date

Parent's Email Address: _____

Thank You! Hawkins County Humane Society

